

**ACCEPTANCE OF AUDIT REQUIREMENTS
DR 4026 (Tropical Storm Irene August 2011)**

PLEASE NOTE: State Agencies whose annual audit is covered by the State Auditor's office do not need to complete this form.

We agree to have an audit conducted in compliance with OMB Circular A-133, if applicable. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$500,000). If required, we will forward for review and clearance a copy of the completed audit(s) to the following:

NH Department of Safety
Homeland Security and Emergency Management
33 Hazen Drive
Concord, NH 03305

The following is information on the next organization-wide audit which will include this agency:

1. Name of Grantee: _____

2. Audit Period (Grantee's fiscal or calendar year to be audited)

Beginning: _____
Date

Ending: _____
Date

3. Audit will be submitted to NH HSEM by:

(Date must be no later than the ninth month after the end of the audit period)

Date: _____

Additionally, we have or will notify our auditor of the above requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite specifically that the audit was done in accordance with OMB Circular A-133. We will also ensure that all records concerning this grant will be kept on file for a minimum of 4 years from the end of this audit period.

Information concerning the OMB Circular audit requirements can be obtained at
www.whitehouse.gov/omb/circulars/a133/a133.html.

**FAILURE TO COMPLETE THIS FORM MAY RESULT IN YOUR GRANT AWARD BEING
DELAYED AND/OR CANCELLED.**

Signatures:

Authorized Local Official

Print Name

Date Signed